

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

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Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number: 10/663,372 Confirmation Number: 1628
Filing Date: September 15, 2003
First Named Inventor: Joerg BERINGER et al.
Group Art Unit: 3629
Examiner: Gabrielle A. McCormick
Attorney Docket Number: 09282.0008-00

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114:** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment.

- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☐ Other _____
- b. ☐ **DO NOT ENTER** the amendment(s) previously filed on _____. An alternate submission is attached.
- c. ☒ Enclosed submission:
- i. ☒ Amendment/Reply iii. ☒ Information Disclosure Statement
- ii. ☐ Affidavit(s)/Declaration(s) iv. ☐ Other _____

2: Miscellaneous

- a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of one-month. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other _____

3. Fees

- a. ☒ The filing fee is calculated as follows:
- i. ☒ \$810.00 RCE fee required under 37 C.F.R. § 1.17(e)
- ii. ☐ Petition for extension of time for (___ Month) \$0.00
- iii. ☐ Other _____
- b. ☒ Check in the amount of **\$810.00** enclosed.
- c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account 06-0916.

Signature of Applicant, Attorney, or Agent Required

Name: Philip J. Hoffmann (202) 408-4000 Reg. No.: 46,340

Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P.

03/19/2009 AVORDAF1 00000040 10663372

Signature: *Philip J. Hoffmann*

Date: March 18, 2009

Certificate of Mailing or Transmission

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